

An  
Inaugural dissertation  
On  
Pneumonia  
by  
E. B. Wright Alabama  
Passed March 1827  
W. E. H.

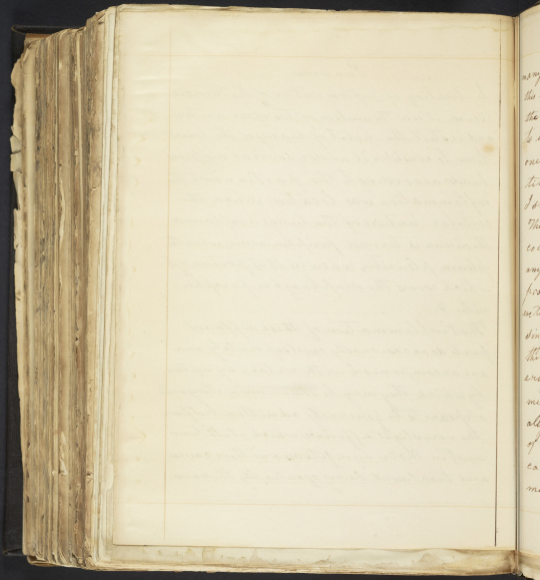


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## Pneumonia

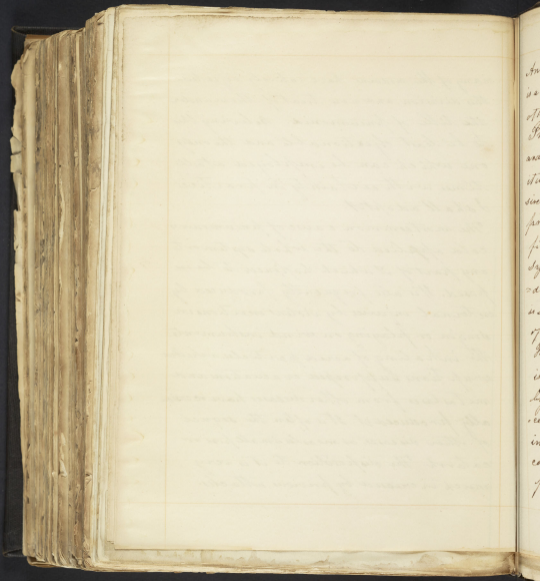
In treating of inflammation of the thoracic viscera, it was the custom of the older writers and is still the habit of many of the present time to consider it under several different heads: according to the part in which the inflammation was located: when the cellular texture of the lungs is inflamed the disease is termed peripneumonia, when the pleura, pleuritis, when in that portion of it which covers the diaphragm, parapneumitis &c.

That inflammation of these different parts do occasionally exist separately, and are accompanied with certain symptoms by which they may be sometimes distinguished appears to be generally admitted but from the very slight difference which at all times exist in their symptoms and their causes and treatment being essentially the same,



many of the moderns have entirely rejected this division, and now treat of them under the title of pneumonias. Believing this to be least objectionable and the only one which can be employed at all times with certainty in practice I shall adopt it.

The most common cause of pneumonia is cold applied to the whole system or to any part of it which happens to be exposed. It is also frequently produced by external injuries by violent exertions in singing or playing on wind instruments, the inhaling of acrid particles, reflected eruptions suppressed evacuations and metastases from other diseases have occasionally produced it. It is often the sequel of other diseases, as measles small pox or catarrh. The disposition to it is very much increased by previous attacks.



An excessive indulgence in spirituous liquors is a very frequent cause of this disease in many others.

Pneumonia attacks persons of every temperment and at any period of life, but most frequently it is stated by Dr Keullen from forty five to sixty. The characteristic symptoms of pneumonia, are fever, pain in the chest difficult respiration and cough. But these symptoms are very much modified according to the part in which the inflammation is seated, and the condition of the part at the time of attack.

In the commencement of pneumonia there is generally languor and lassitude, followed by a slight shivering or rigors, to these succeeds an increase of heat, a sense of uneasiness in the chest a slight cough, dyspnoea, high coloured urine, hurried respiration, the pulse more frequent than natural. After

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these have continued for a short time the pain becomes more intense when the patient is in the horizontal position, especially if he lie on the part affected. the respiration is hurried and difficult, particularly when in the recumbent posture, the cough is very distressing, the pulse frequent and full and if blood be drawn it will be found cupped and buffy. the skin hot and dry the tongue covered with a white fur, considerable thirst and high coloured urine.

The concurrence of these symptoms will indicate the existence of the disease with great certainty, yet some of them differ very considerable in different cases and in different stages of the same disease.

Pain which is one of the most common symptoms of pneumonia in the commencement is slight, but after it has existed for a few days it becomes very distressing

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when the patient is in a horizontal position  
so much so that he is obliged to assume an erect one.

The pain generally remains fixed in the  
side near the middle or a little anterior to it  
of the sixth rib. But it occasionally occurs in  
other parts: as under the sternum, the clav-  
-icle, scapular and between the shoulders.

At some times shoots in various directions  
at others it nearly shifts its position  
from one side to the other.

The respiration in the commencement is  
generally very little disturbed. but as the  
disease advances, it becomes short, quick and  
performed with very great difficulty, ow-  
-ing to the lung being in an inflamed state  
and not dilating readily.

When attached in its commencement and  
properly treated there is no inflammatory  
affection which is more completely under  
the controul of the physician than the

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one under consideration.

Resolution therefore is the most common termination of it. which is always attended with some very evident evacuation, such as a profused warm perspiration, a haemorrhage from the nose, the appearance of hemorrhoids or diarrhoea. but the most frequent and at the same time most salutary is that of a copious expectoration of whitish or yellowish mucus which is frequently streaked with blood. After this has taken place the pulse becomes slower softer and more regular, the breathing more free and easy, the pain to diminish and in a few days the patient is restored to health.

When the disease is neglected in the commencement or if attended to and the proper remedies are not employed and the inflammation is violent from the

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commencement it frequently terminates in an effusion of blood into the cellular substance of the lungs, by which the circulation is impeded and suffocation produced.

This termination is indicated by a turgescency and fullness of the blood vessels of the neck and a livid appearance of the countenance.

Pneumonia may also terminate by suppuration, which may be known by the coming on of rigors, the pain diminished, a sense of weight in the part, the expectoration of purulent matter, the pulse becoming fuller and softer, the urine depositing a copious sediment, and the accession of hectic.

In forming an opinion as to the result of the disease we must be governed by the symptoms which are present.

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When fever is violent, accompanied with difficult and laborious respiration the pain more intense Thirst considerable the skin dry, the countenance assuming a livid appearance, a dry cough or accompanied with the expectorations of a dark colour, scanty urine, irregular pulse, cold sweat and coma indicates the near approach of a fatal termination on the contrary when there is a diminution of the febrile heat, the pulse becoming more regular and soft a copious and free expectoration the tongue becoming clean at the edges a copious and diffused warm perspiration and the urine depositing a cream-coloured sediment marks the decline of the inflammation.

On dissection the lung and its membranes will be found in an inflamed state

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the lungs themselves of a lined or violet colour and on handling them they are found to be heavier than natural owing to an effusion of serous fluids. This fluid is also frequently found within the cavity of the chest and pericardium. The pleura covering the lungs is found in an inflamed state, its surface covering the inflamed lung covered with red vessels. Sometimes coagulable lymph is thrown out by which the pleura is attached to the lung. One or more abscesses are sometimes found in the lungs.

In the treatment of pneumonia, from a consideration of the important function which the diseased part performs, the violence of the rapid progress of the disease and its very great tendency to terminate by effusion, we should employ remedies at once powerful

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and immediate in their effects.

Therefore in the commencement of an attack of pneumonia where the patient robust and of a plethoric habit, blood should be drawn from the arm and by a large orifice untill pain and difficulty of breathing are relieved or untill the patient becomes sick or faint. & this operation it will be necessary, frequent to repeat the same or next day to an equal extent and in some to detract even a greater quantity of blood. In the further employment of this remedy we must be governed by the severity of the pain the difficulty of breathing, the tenacity and fullness of the pulse, these must be reduced without delay and although there are other remedies which are very useful in this stage it is on

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The appearance of the blood drawn will also assist in forming an opinion as to the propriety of the further employment of the remedy. For when it is covered with a buffy coat and cupped accompanied with a frequent and tense pulse there can be but very little doubt of the propriety of it.

The disappearance of the buffy coat generally indicates a subsidence of the inflammation.

If from the violence of the disease or from its being neglected in the commencement it should pass on to suppuration then then it will be necessary to employ resection with great caution and in small quantities if at all. Topical blood letting by leeches or cups may be employed with great

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advantage with venesection, when there is much congestion, they should be applied immediately over or as near as possible to the pained part. They are also very useful in those case when the force of the circulation has been reduced by venesection and a slight degree of pain still remains or when from previous bad habits or ill health the patient will not bear general blood letting to any considerable extent.

With the view of alleviating pain fomentations and cataplasms should be employed, provided their application would not interfere with that of a blister which is decidedly preferable after the force of the circulation has been reduced.

After the inflammatory action has been moderated or considerably reduced, the

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application of a large blister over the  
pained part or as near as possible may  
be employed with very great advantage  
with the view of removing it should  
the first application not be sufficient  
the discharge should be continued  
by the application of another blister.

In the commencement of pneumonia  
should costiveness prevail it will  
be advisable to evacuate the bowels  
thoroughly. For this purpose a dose  
of the sulphat of magnesia or soda  
should be administered. After  
the bowels have been thoroughly  
evacuated in the early stage of the  
disease it will be sufficient afterwards  
to keep them in a soluble state  
to accomplish which the mild  
laxatives should be employed as  
more active articles by inducing

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copious purging evidently have  
a tendency to diminish expectoration.

During the first stage of the disease  
when there is considerable febrile  
heat with a dry cough and pain in  
the chest it will be advisable to give  
mild diaphoretics such as small  
dose of tartarized antimony frequen-  
-ly repeated which by relaxing the  
surface and promoting expectoration  
afford very great relief. The saline  
mixture and nitre may also be employed  
with the same intention.

The *asclepias tuberosa* has been a good  
deal employed in this disease in the  
United States and it appears with  
very decided advantage. It is generally  
given in a strong decoction every hour  
or two, with the view of promoting  
the operation of these medicines. The

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patient should be directed to take frequent small drinks of some mild fluid, as barley water rice water or flax seed tea.

The employing of pediluvium in the evening where care is taken to dry the parts perfectly afterwards, will add greatly to the comfort of the patient during the night.

As copious expectoration being the means which nature usually resorts to for relief in inflammatory affection of the chest it should be promoted by every means in our power.

For this purpose small and nauseating doses of tartar emetic frequently repeated have been found most usefull and may be employed in any stage of the disease, when not forbad by the state of the stomach. Spécacuanah may also be employed in the same manner and with very good effect. Mild and tepid drinks taken in small quantity and frequently repeated by allaying the more

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tion which exist about the puerca and  
aggravates the cough, so as to prevent the matter  
from remaining in the lungs, untill it becomes  
of a proper consistency to be expectorated  
with ease, may be employed with very great  
advantage and should not be neglected.

The inhalation of the steam of warm water  
and vinegar has been found greatly to facili-  
tate expectoration. A combination of Hoffman's  
anodyne liquor and laudanum when breathed  
for a half hour or more at a time we are told  
have been found very useful in allaying the  
irritation which exist about the throat and puerca  
From the great pain which the patient suf-  
fers during the inflammatory stage of the  
disease, from the distressing cough which accom-  
panies it and consequently the want of sleep  
opiates appears to be indicated but the expe-  
rience of most practitioners is decidedly against  
it untill the inflammatory symptoms

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are subdued. after this should enough remain so as to aggravate the pain and prevent sleep opiates may be employed and with very beneficial effects.

During the inflammatory stage of the disease the diet should be conformable with the general plan of treatment, namely to diminish the quantity of the circulating fluid and thereby diminish arterial action. Therefore the most bland articles must be chosen, for this purpose such as tapioca, sago rice barley water roasted apples and other fruits of the season. During the state of convalescence the patient should observe the greatest caution and regularity in his diet and should carefully guard against any sudden atmospheric vicissitude, as the disease is very apt to return from any fresh exposure.

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